Enrollment Card for Conversion - HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY



INSTRUCTIONS: Please read the instructions you received with this form and see Item 6 below which states: a) the date by which you must convert, b) whether you are eligible for Dependents Coverage, and c) the Amount of Principal Sum you may convert.

Company Hartford Life and Accident Insurance Company Policyholder Northern Trust Company, Trustee Sex	Policy Number ADD-6173		Do You Wish Coverage for Your Dependents?		
Identification Number (Leave Blank) Your Beneficiary	Company				
Northern Trust Company, Trustee Your Beneficiary Relationship Sex Male Female Effective Date of Birth OA (Leave Bl Name: Premium (Calculate per attached instructions) Check one: Annual Semi-An			Identification Number (Leave Blank)		
Name: Male Female Effective Date of Coverage (Leave Blank)	Northern Trust Company, Trus				101 (7 P) 1)
Name: Premium (Calculate per attached instructions) Check one:	Your Beneficiary	Relationship		Date of Birth	OA (Leave Blank)
Premium (Calculate per attached instructions) Check one:			Effective Date of Cover	rage (Leave Blank)	
Tour Signature	Name:				
Your Signature			Premium (Calculate pe	er attached instructions)	
Your Signature			Check one:	☐ Annual	☐ Semi-Annual
Your Signature				\$	\$
PROPOSED INSURED - When Completed, Please Return This Enrollment Form and Your First Payment To: Hartford Life P.O. Box 101007 Atlanta, GA 30392 - 1007 ADMINISTRATOR - Please Complete and Sign This Section, Then Send to the Proposed Insured. 1. Master Policy Number: 2. Name of Proposed Insured: 3. Date Proposed Insured's Coverage Terminated Under the Master Policy 4. Amount of Individual's Principal Sum Immediately Before Termination: 5. The Individual Was Was Not Covered for Dependents Coverage Immediately Prior to Termination. 6. a) The Proposed Insured Must Convert By: b) Dependents Coverage: Yes No If You are Eligible to Convert Dependents Coverage, Your Dependents Principal Sum Will be Calculated by Applying the					
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Totelinage Below to Total Time-par Bulli.			e, Your Dependents Princip	pal Sum Will be Calculated by Applyin	g the
	· ·	orpur Sum			
Insured Person with:SpouseChild(ren)Spouse and Child(ren)10%5%					
Spouse Only 20% 0					
Child(ren) Only 0 10%	Child(ren) Only		0 1	10%	
c) Principal Sum* The Proposed Insured May Elect a Principal Sum Amount, Subject to a Minimum of \$25,000 and a Maximum of \$225,000** in \$1,000 Increments.				Subject to a Minimum of \$25,000 and a	a Maximum
* If You Are Over age 70, the Maximum You May Convert is \$25,000. If You are Age 75 or Over, the Maximum You May Convert is \$12,500.					
** Not to Exceed the Original Principal Sum of the Original Policy.	** Not to Exc	ed the Original Princ	cipal Sum of the Original Po	olicy.	
Signed: Date Administrator	C		I	Date	